PCN25

HALF OF BREAST CANCER PATIENTS STARTING ON TAMOXIFEN COMPLETE FIVE YEARS OF ENDOCRINE TREATMENT

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OBJECTIVES: As adjuvant endocrine therapy in women with early stage breast cancer prolongs disease free and overall survival, this study determined **treatment continuation and first treatment switch in breast cancer patients starting on tamoxifen and the** determinants of discontinuation. **METHODS:** Patients with **early stage breast cancer** were selected from the Eindhoven Cancer Registry from 1998 to 2006 and linked to the PHARMO Network to select **drug use during follow-up. Patients starting on** tamoxifen were included in the study cohort. Continuous use of endocrine treatment was determined as the time between start and stop of therapy, allowing a 60 days gap between refills. The switch from tamoxifen to an aromatase inhibitor (anastrozole, exemestane or letrozole) was determined. Cox regression was used to identify independent determinants of discontinuation of any endocrine treatment (tamoxifen and/or aromatase inhibitor use) during five years of follow-up. **RESULTS:** A total of 1291 new breast cancer patients started on tamoxifen. Of those, 29% had a treatment switch to: anastrozole (n = 203), exemestane (n = 113) or letrozole (N = 64) with a mean duration until first switch of 2.0 (SD = 1.3) years. Of the patients followed for five years, 49% discontinued any endocrine treatment before the completion of five years. **Multivariate analyses showed that discontinuers were less likely to be aged** 50–69 years (versus ≥ 70 years; **HR** = 0.74; 95%CI: 0.60–0.92). **CONCLUSIONS:** Only half of the breast cancer patients starting tamoxifen continued five years of endocrine treatment. **Identification of patients at risk of discontinuation will assist in** the development of interventions to improve adherence.

PCN26

RELATIVE IMPACT OF SCREENING AND THERAPEUTIC PROGRESS ON THE REDUCTION OF BREAST CANCER SPECIFIC MORTALITY IN FRANCE: A SIMULATION MODEL OVER THE PERIOD 1994–2005

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OBJECTIVES: Breast cancer (BC) incidence has steadily increased in France over the period 1980–2005 by a mean +2,4% yearly, whereas mortality decreased since the early 90's by a mean 1.3% yearly. Two major factors may explain this apparent discrepancy: on one hand, the extension of breast cancer screening coverage has permitted an earlier diagnosis of cancer and, on the other hand, therapeutic progress has led to improved survival. Our objective was to quantify the relative role of these two factors in France over the period 1994–2005. **METHODS:** A simulation model was developed to extrapolate the evolution of the distribution of BC by stages at diagnosis as observed in the French registries in 1994 and 2006. The survival according to the stage as observed in 1994 was then adjusted through an exponential model in order to fit the observed breast cancer specific mortality rate as reported in the French vital statistics until the year 2005. **RESULTS:** In 2005, **the absolute number** of deaths for BC was 11,381 in France. Our model estimated the corresponding values that would be obtained respectively in absence of any modification of the stage distribution between 1994 and 2006 (12,698 in 2005 i.e. 11% increase), or in absence of any modification of survival by stage at diagnosis from 1994 onward (12,752 in 2005, i.e. 11.5% increase). The contribution of therapeutic progress in the downward trend of BC specific mortality is in the same order of magnitude as the screening **coverage** extension. These two factors acted in an independent and additive manner on mortality reduction. **CONCLUSIONS:** The contrasted evolution of BC incidence and mortality cannot be explained solely by the extension of screening. Therapeutic innovation played an important and equivalent role in the trends over the period 1994–2005.

PCN27

TRENDS IN COLORECTAL CANCER SCREENING (CRC) PATTERNS AMONG COMMUNITY DWELLING MEDICARE BENEFICIARIES

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OBJECTIVES: To describe trends and predictive factors in colorectal cancer (CRC) screening among Medicare beneficiaries **METHODS:** Cross-sectional analyses were conducted using data from the 2003 and 2005 Medicare Current Beneficiary Surveys (MCBS) when CRC specific questionnaire items were included. Bivariate and multivariate analyses between types of CRC screening tests and independent variables (i.e., socio-demographics, cancer history, and other cancer screening, were evaluated using chi square and logistic regression tests at an alpha of 0.05. All analyses were conducted using Stata 10.1 statistical software. **RESULTS:** A total of 31,772 Medicare beneficiaries participated in the MCBS in 2003 and 2005. Of this overall population, our study population included 26,561 (83.6%) community dwelling persons aged 50 years and older. The majority of them were white and a slightly higher proportion were female (56.2%). The overall prevalence of self-reported life-time screening for CRC was 68.0% in 2003 and 70.8% in 2005. Bivariate analysis indicated a strong relationship between age, race, ethnicity and CRC screening. Multivariate logistic regression showed that being female (OR: 1.24; 95% CI 1.14–1.34), having previous history of cancer and participating in other cancer screening was associated with a higher likelihood of CRC screening. Beneficiaries of Other races excluding Blacks and those with additional Medicaid or no supplemental insurance were less likely to be associated with any CRC screening ($p < 0.05$). **CONCLUSIONS:** In conclusion, slightly less than 7/10 Medicare beneficiaries in the community reported participating in CRC screening. These findings suggest that the current screening rate is still less than optimal. Gender and racial disparities observed indicate a need to increase awareness of the importance of screening in this population.

PCN28

INCIDENCE AND PREVALENCE OF CUTANEOUS MELANOMA IN FRANCE: A POPULATION BASED STUDY FROM EIGHT CANCER REGISTRIES

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OBJECTIVES: There were 6701 new cases of cutaneous melanoma estimated in 2000 and melanoma ranked as the ninth highest of all cancers in France. Prevalence data and stage distribution are not currently available. The objectives of this study were to determine the incidence by stage and 5-year survival rate in patients with melanoma occurring in 2000 and to estimate overall and metastatic cancer prevalence at the end of 2004. **METHODS:** This study was carried out by eight general cancer registries, members of the French cancer registry network FRANCIM. Data were collected through medical record and birth town hall database for vital status. The 5-year observed survival and its confidence intervals were determined by the Kaplan-Meier method. The estimate of prevalence was performed according to the method proposed by Colonna et al. (Eur J Cancer 2001). **RESULTS:** 840 cases were analysed. The repartition of new melanoma cases in 2000 according to stage was: stage I (56.5%), stage II (21.1%), stage III (4.3%), stage IV (1.5%). For 16.6% of cases the stage was unknown. National estimation of melanoma diagnosed with initial metastasis was 102 cases in 2000. The 5-year survival was 79.9% CI 95 [76.9%; 82.5%]. Survival was dependent on age (95.8% in patients less than 40 years and 38% in patients aged 80+ years) and stage of disease (91.9% stage I; 23.1% stage IV). The prevalence was estimated to be 31,278 cases in France in 2004 with 2,310 involving metastasis (7.4%). **CONCLUSIONS:** This study brings important information on cutaneous melanoma epidemiology in France. These results are essential for the epidemiological surveillance of melanoma as well as for the evaluation of screening campaigns and needs in health care.

PCN29

PATTERNS OF COLORECTAL CANCER SCREENING AND OBESITY AMONG MEDICARE BENEFICIARIES

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OBJECTIVES: The main objective of this study was to describe the association between obesity and colorectal cancer (CRC) screening among Medicare beneficiaries in the United States. **METHODS:** Data from the 2005 Medicare Current Beneficiary Survey (MCBS) were used to identify CRC screening behavior identified by the positive history of screening for colorectal cancer and predictive factors for screening. To estimate the level of obesity, body mass index for each subject was calculated based on height and weight information available in the dataset. **RESULTS:** In the 2005 MCBS, there were 15,769 beneficiaries (weighted estimates are 39,337,911 beneficiaries) aged 50 years and older, i.e., eligible for colorectal cancer screening according to the clinical guidelines for screening. Over 60% of the beneficiaries were classified as obese, including 37% "obese" ($30 <= BMI < 35$) and 25% "morbidly obese" ($BMI >= 35$) beneficiaries. Female beneficiaries were more likely to report receipt of CRC screening compared to men. Age was also a predictor for CRC screening, with older beneficiaries having higher odds of screening than those under 65 years old. It was also determined that Medicare beneficiaries from Black, Hispanic, and other racial groups were less likely to receive CRC screening than White beneficiaries. After controlling for covariates, obese and morbidly obese beneficiaries had increased odds of screening for CRC compared to those classified as non-obese. (OR = 1.15; 95% CI = 1.06–1.25; $p < 0.05$). **CONCLUSIONS:** This study found that obesity is not a hindering factor for CRC screening. Further research is needed to gain better insight into adherence patterns of CRC screening to national guidelines, with particular focus on evaluating physicians' ordering of screening tests.